



Republic of the Philippines
Department of Education
DIGOS CITY DIVISION

Office of the Schools Division Superintendent

DIVISION MEMORANDUM

SGOD-2025- 576

To : Health and Nutrition Unit
Public Schools District Administrators
Senior High School and Junior High School Administrators
Elementary School Administrators
School Clinic Coordinators
All Others Concerned

Subject : **ESTABLISHMENT OF A FUNCTIONAL LEARNER SUPPORT CENTER**

Date : September 05, 2025

1. The Department of Education ensures the safety and sound health of School populace while they are in schools as much as possible, thus establishment of a functional learner Support Center (LSC)/School-Based Teen Center is very essential. Teen Center help improve the total well-being of our Adolescent public school learners, promote healthy lifestyles, prevent onset of risky behaviours, provide access to comprehensive health services, address key health concern like nutrition, mental health, communicable diseases, substance abuse, and injuries.
2. In connection to the above objectives the schools are hereby encouraged to establish a Teen Center for Secondary level and "Chikiting Tambayan" for elementary level to help create a safe space for learning to our public school learners, for those schools don't have a big space small vacant room
3. For the Secondary level the Department of Health will visit your respective schools for level 1 accreditation and the schedule will be coordinated by the Health and Nutrition unit to your respective Schools.


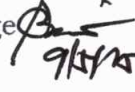


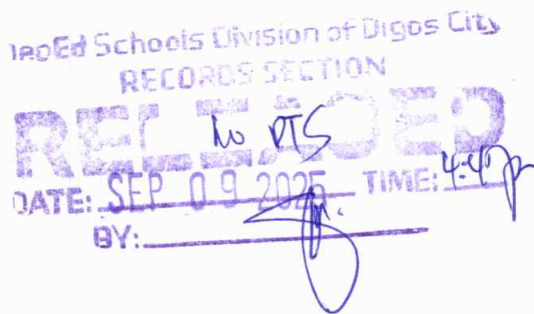
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4. Attached is Department of Health Level 1 and Level 2 Teen Center accreditation checklist for Secondary Schools.
5. For any queries you may contact the Health and Nutrition personnel.
6. For information and compliance is desired.

For and in the absence of the Schools Division Superintendent:


PETER JASON C. SENARILLOS
SEPS-SMN
Officer -In Charge 



SGOD/HNU/Djps



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Annex B

Monitoring Tool 1. Facility Observation Checklist

Level I School-based Facility (Teen Center/Clinic)

Region: _____
Province: _____
Municipality: _____
Name of School/ Facility: _____

The requirements set are based on the National Standards and Implementation Guide in the Provision of Adolescent-friendly Health Services, considering the services that are available and can be accessed in the school setting. While school-based adolescent facilities are not directly considered as a "health facility", the DOH and its partner agencies recognizes the importance of establishing safe spaces for adolescents in the school premises, where they spend majority of their time. This is also in reference to AO 2013-0013: National Strategic Framework on Adolescent Health and Development, stating "*Improving access to quality and adolescent-friendly health care facilities... and utilizing various settings outside the health system, such as schools, cruising sites, and social media, to promote adolescent health.*"

Standard 1 "Adolescents in the catchment area of the facility are aware about the health services it provides and find the health facility easy to reach and obtain services from it".

Item	Self Assessment		Assessment Team		Recommendations
	YES	NO	YES	NO	
Welcome Signage					
Schedule of Teen Clinic/Center hours (Day and Time)					
Health Services are provided: Note: may include all basic health services given at the school clinic	Specify: - _____ - _____ - _____ - _____ - _____ - _____ - _____		Specify: - _____ - _____ - _____ - _____ - _____		
Clinical Guidelines in the provision of Adolescent- Friendly Health Services					
Registration logbook					



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containing the list of clients who consulted and were given services					
List of services provided by the facility					
*All other services available in the facility					
There is a designated person with access to the records.					
*office order of designation					
There is a designated room/space for client – provider interaction with chairs, tables, well ventilated and well lighted					
*may utilize an ARH corner as long as there will be designated room/space for one on one interaction, as needed.					
Customer Satisfaction Survey (CSS)					

Assessment Team:

Conforme:

Designation: _____

Date and time of assessment:



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Monitoring Tool 2. Facility Observation Checklist

Level II School- based Facility (Teen Center/Clinic)

Region: _____
Province: _____
Municipality: _____
Name of School/ Facility: _____

*In addition to the minimum standards set for Level 1 School-based facilities.

The requirements set are based on the National Standards and Implementation Guide in the Provision of Adolescent-friendly Health Services, considering the services that are available and can be accessed in the school setting. While school-based adolescent facilities are not directly considered as a "health facility", the DOH and its partner agencies recognizes the importance of establishing safe spaces for adolescents in the school premises, where they spend majority of their time. This is also in reference to AO 2013-0013: National Strategic Framework on Adolescent Health and Development, stating *"Improving access to quality and adolescent-friendly health care facilities... and utilizing various settings outside the health system, such as schools, cruising sites, and social media, to promote adolescent health."*

Standard 2 "The services provided by health facilities to adolescents are in line with the accepted package of health services and are provided on site or through referral linkages by well-trained staff effectively".

Item	Self Assessment		Assessment Team		Recommendations
	YES	NO	YES	NO	
National Standards for Adolescent Service Package					
Action Plan for Information Dissemination					
Policy regarding flexible time schedule					
Policies for provision of services					
Policies for payment schemes					
Plan for school outreach program / Advocacy campaign					
IEC materials on the different programs / services available (Example IEC on iChoose campaign, etc) displayed on a rack / conspicuous place.					



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The IEC materials should also include the directory of other agencies/organizations where the services can be obtained					
There are separate rooms for consultation, treatment and counseling. If there are limited rooms, there are at least curtains to separate each provider. * Conversation between provider and client cannot be heard by others.					
Certificates of training on the minimum training courses prescribed by DOH for adolescent focal persons and other providers *Comprehensive Mgt of Adolescent Training for HSP *ADEPT *Foundational Course Additional trainings as appropriate: *SHAPE-A *Peer Facilitator's Training					
Protocols and guidelines for client- service provider interaction					
Policies and procedures to ensure privacy and confidentiality is posted					
Individual records are kept in separate envelopes.					
All records are kept in a safe place, preferably in a					



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separate room or a filing cabinet with lock and key.					
Intake form/sheet with client's details including chief complaint/reason for consult, and management/ interventions done. *May also include filled up Rapid HEADSSSS Tool					
Directory of organizations – name, address, services provided, contact number and contact person (for referral)					
Referral logbook – name, age, address, Clinical Impression, where referred, reason for referral, result of referral					
Referral forms					
Accomplishment report showing the services given at the public health facility as well as those given by other agencies, individuals and peer counselors					

Assessment Team:

Conforme:

Designation: _____

Date and time of assessment:
